

# **Minnesota's Child Protection System**

**Where Are We?**

**Where Do We Want to Be?**

**How Do We Get There?**

Children's Justice Initiative

Minneapolis, MN

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**ChapinHall** at the University of Chicago

Policy research that benefits children, families, and their communities

# In Minnesota's foster system, kids go from bad to worse

*“Minnesota’s foster care system is falling short of state and federal standards meant to ensure that abused children are placed into **stable and permanent homes**, a Star Tribune review of state records has found.*

*Those records reveal that too many abused foster children in Minnesota are **returned to their parents too quickly**, suffer more maltreatment and **end up back in foster care**. Thousands of children have been further traumatized by **being shuttled among numerous foster homes** as they wait, sometimes in vain, for adoption, state records show.*

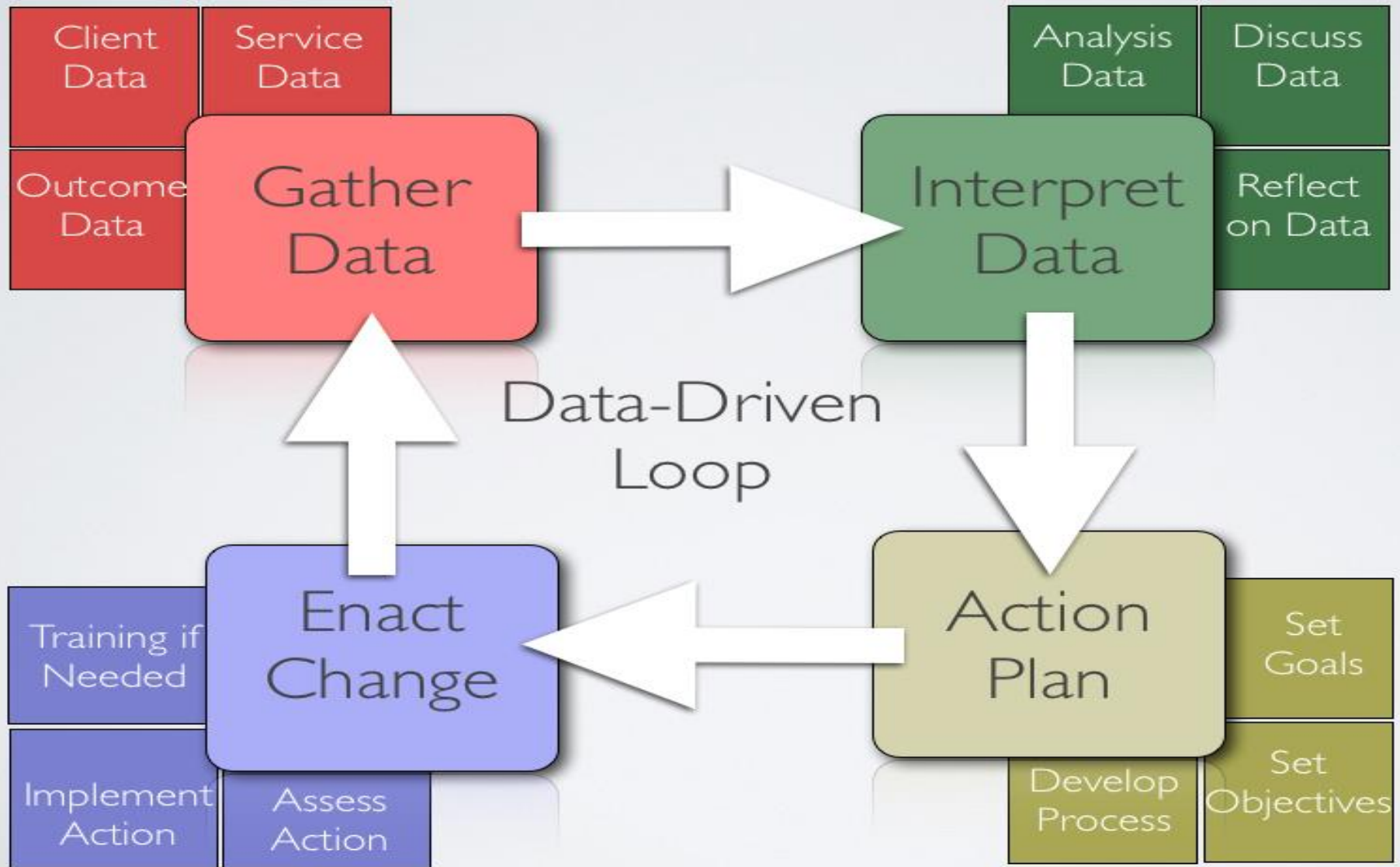
*As the number of foster children has grown to **more than 11,000**, **fewer families are signing on as foster parents**, records show. That problem could intensify, as a child protection task force formed by Gov. Mark Dayton recommended on Monday numerous reforms that will likely see **more children removed** from abusive homes.”*

# **Guiding Principles:**

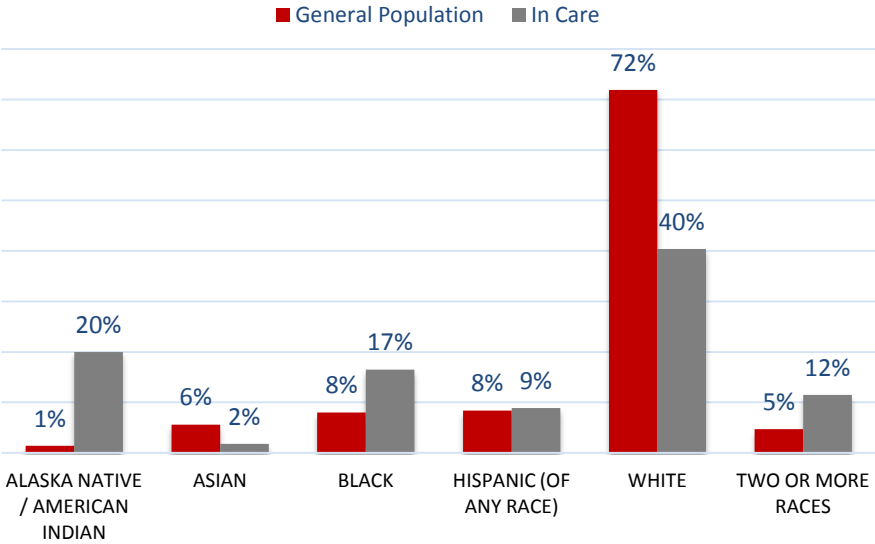
## **Adoption and Safe Families Act 1997**

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the goals of safety, permanency, and wellbeing

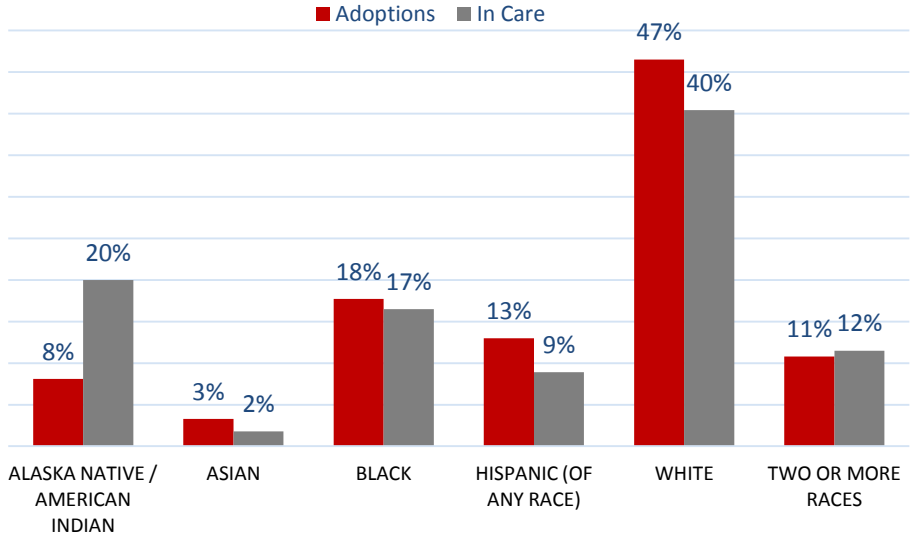
# Using Data/Evidence to Define Success



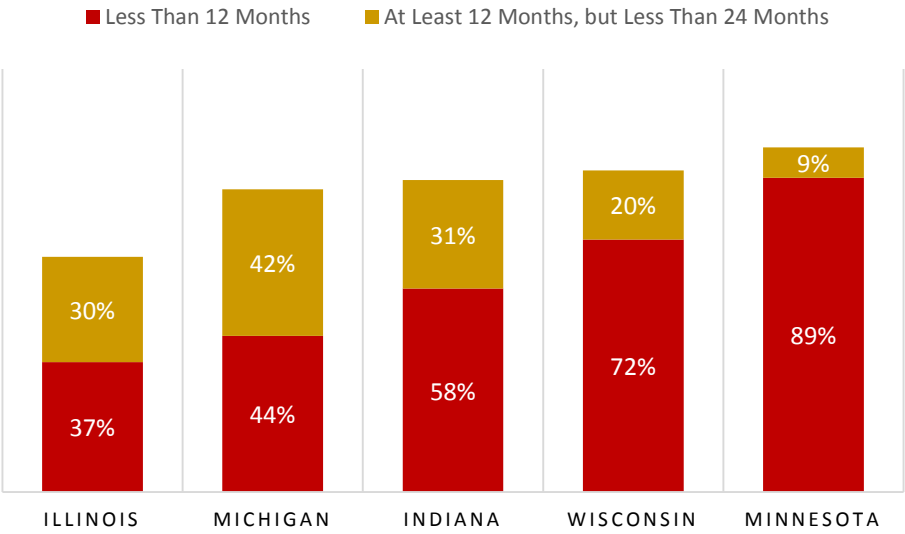
GENERAL & CHILD WELFARE POPULATIONS



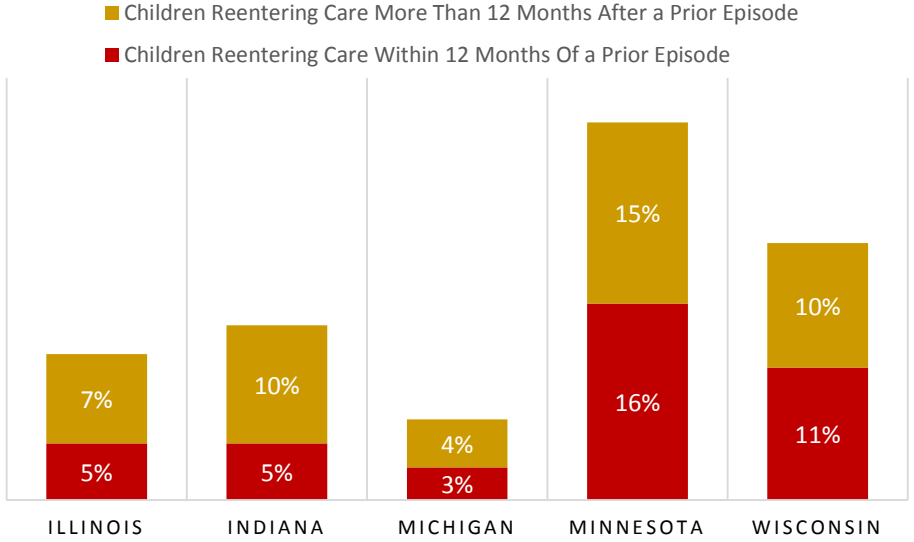
ETHNICITY OF CHILD WELFARE & ADOPTED POP



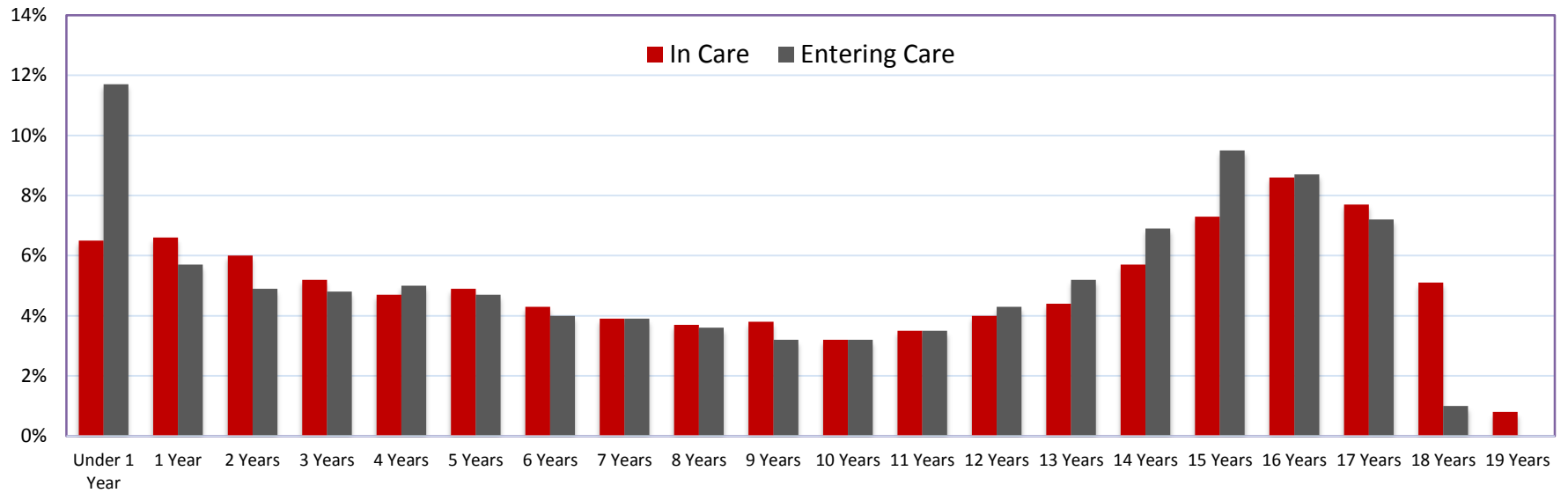
TIME TO REUNIFICATION



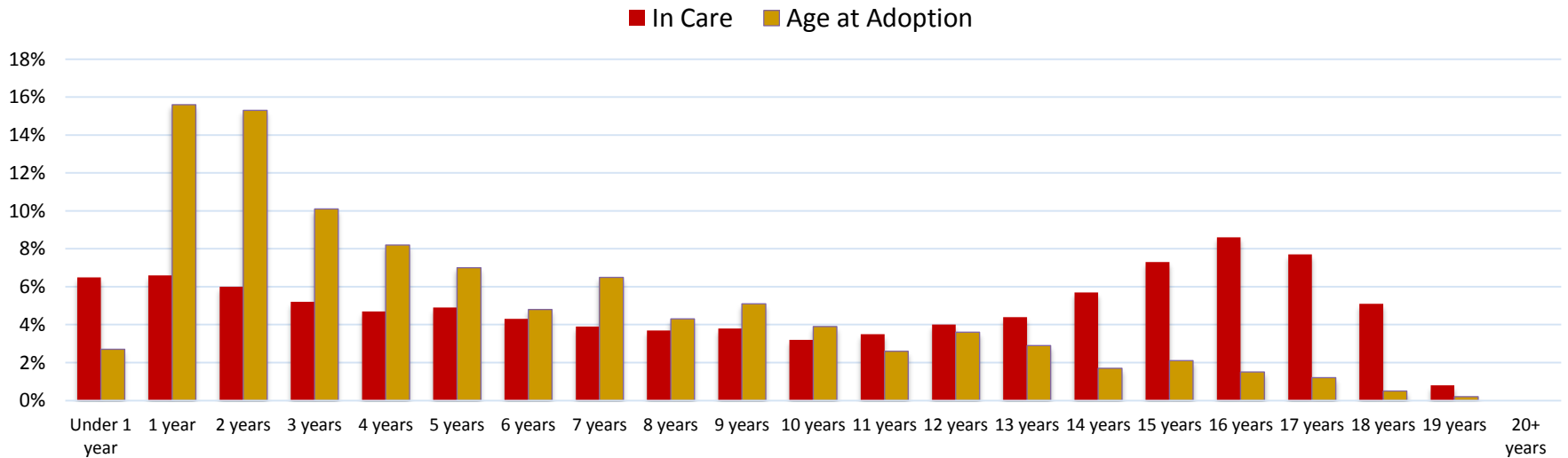
RE-ENTRY TO CARE



## Ages of Children in Care and Entering Care in 2013

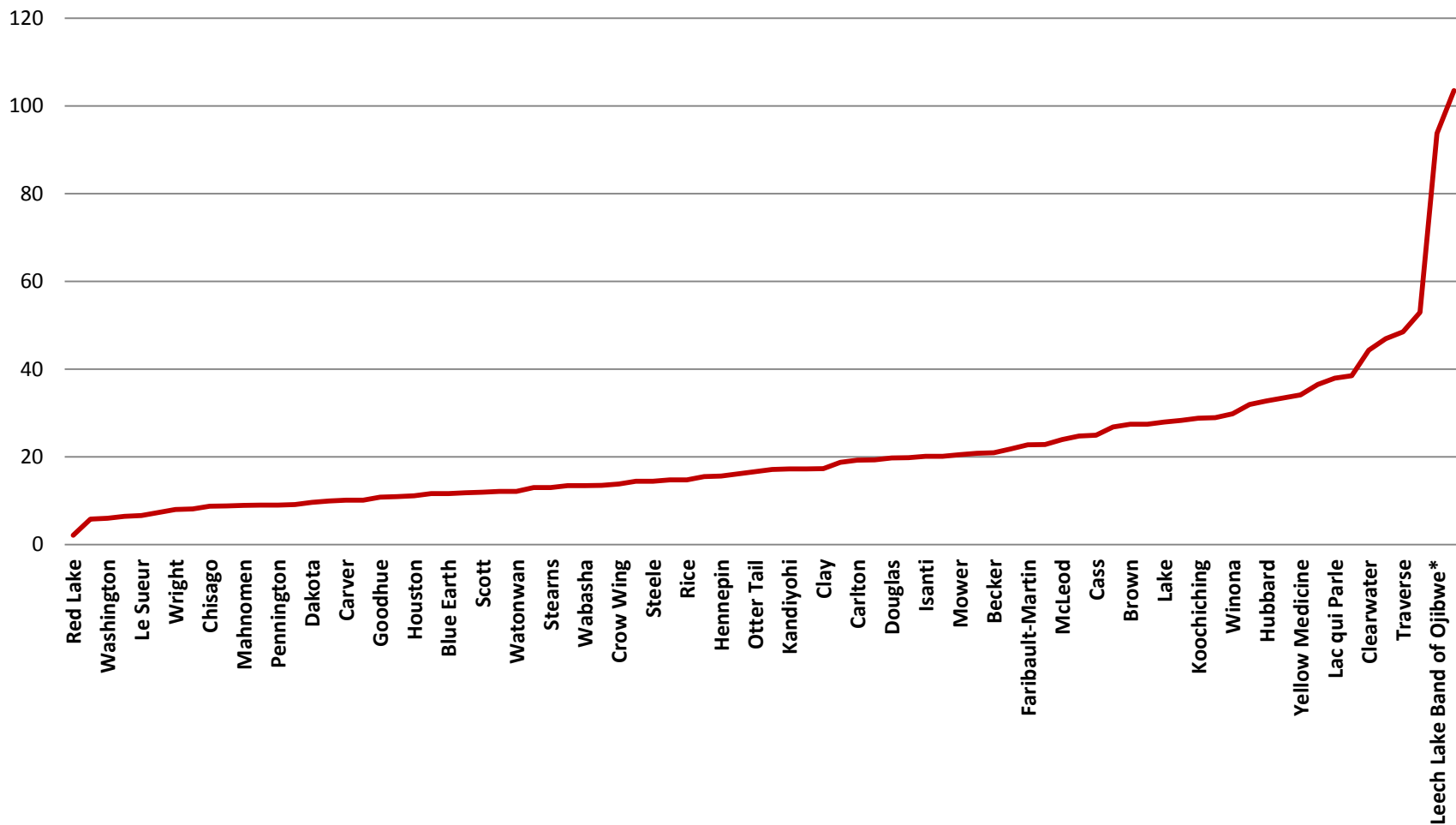


## Ages of Children in Care and Adopted from Care in 2013

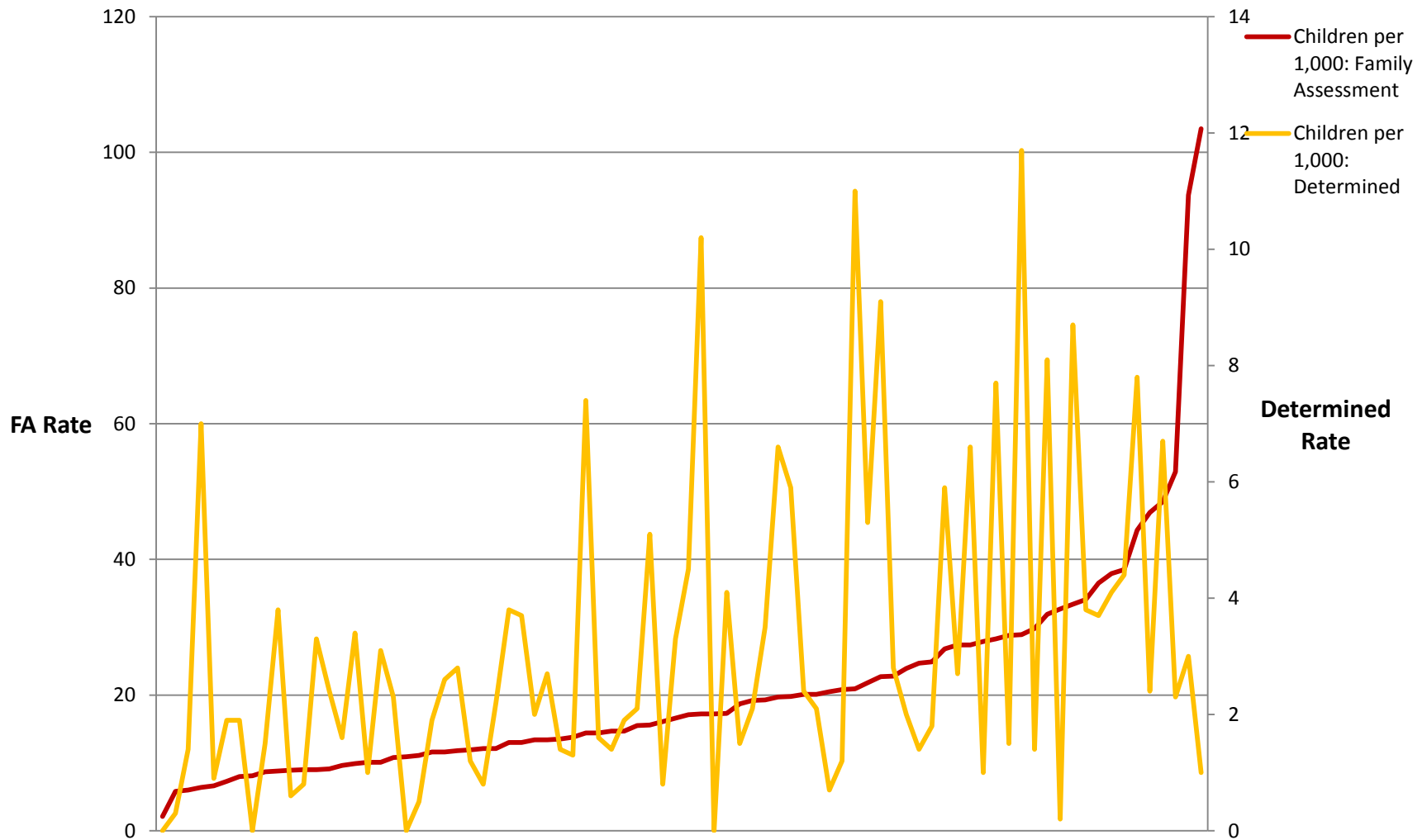


# Wide Variation in Use of Family Assessment

Children per 1,000: Family Assessment



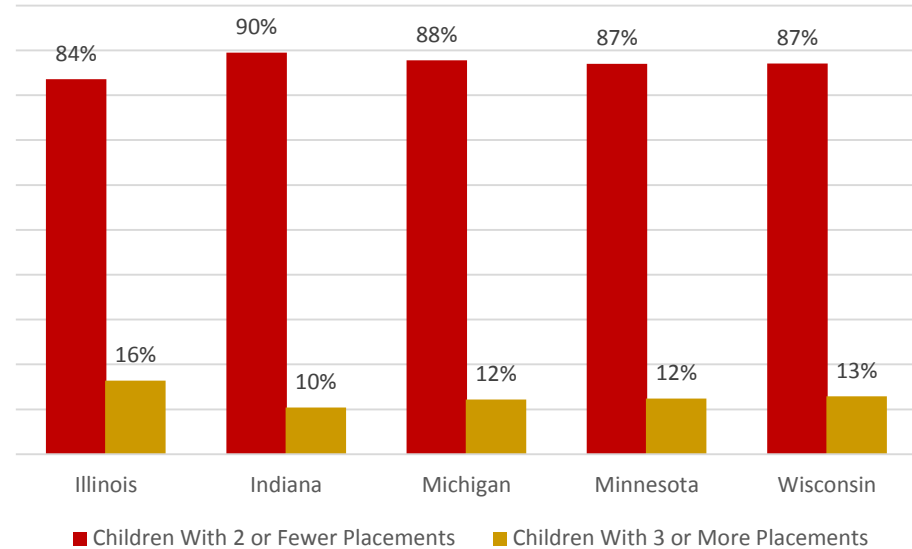
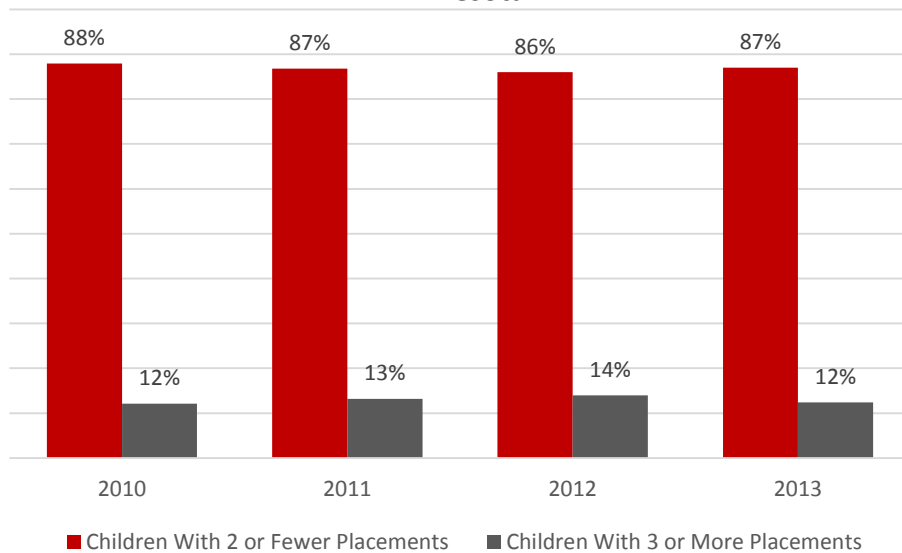
# Counties with Similar Family Assessment Rate Have Very Different Determination Rates





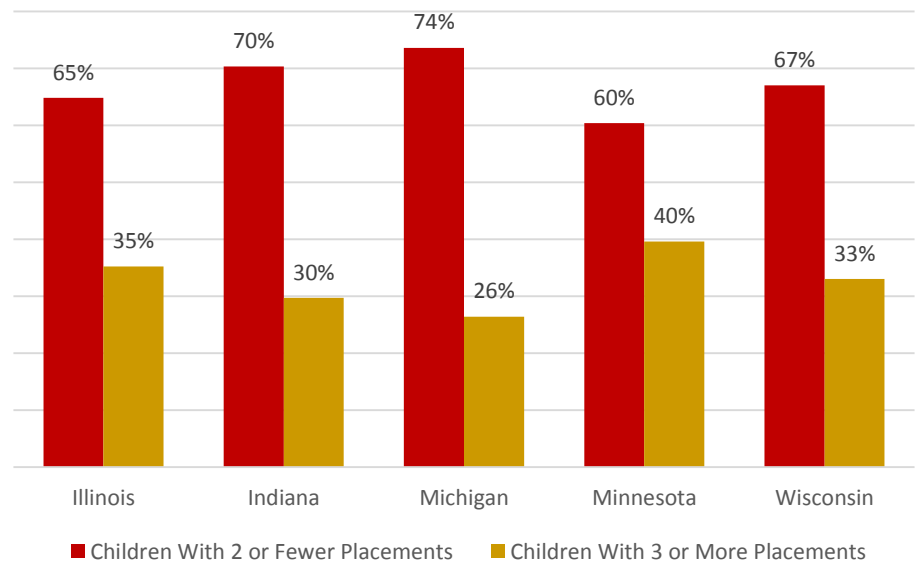
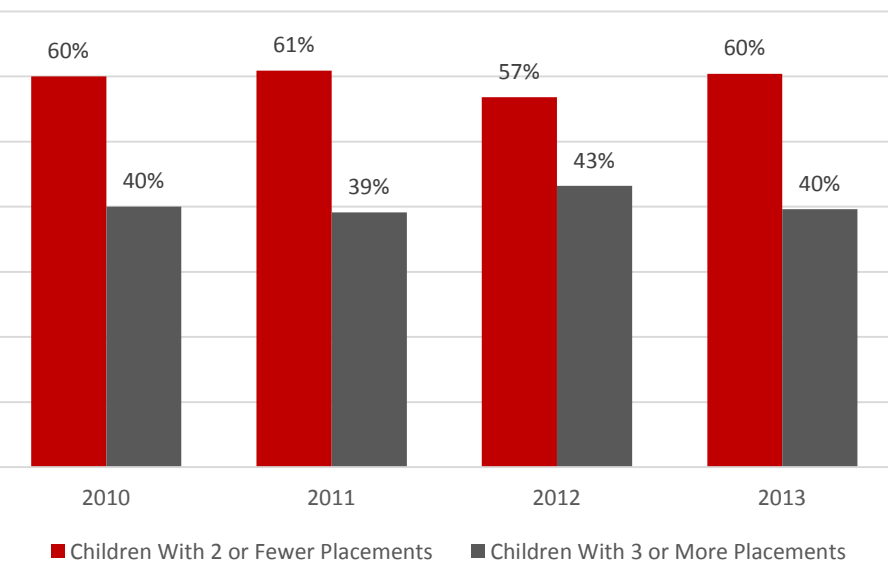
## 2013: Number of Placements by Time in Care (%): In Care Less Than 12 Months

### Minnesota



## 2013: Number of Placements by Time in Care (%): In Care at Least 12 Months but Less Than 24 Months

### Minnesota



# Maltreatment Leaves Indelible Mark on the Way the Body and Brain Function

- Healthy body can restore itself quickly after a stressful incident (running for a late bus), but not **long term stress**.
- Chronic (toxic) stress causes the brain to **secrete an excess of hormones**, such as cortisol. Excess cortisol interferes with **memory, retention, focus, and learning**.
- As a result of experiencing ongoing traumatic stress, the part of the brain responsible **for learning new things**—can become impaired.
- An overload of **stress can cause an imbalance** in the functioning of the brain's hemispheres.
- When we are excessively depressed, anxious, and stressed, the **right hemisphere becomes dominant**. This interferes with cognition, self-regulation, and the ability to focus and remember.

# Achieving Positive Outcomes by Increasing the Use of Available Evidence



The use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result.

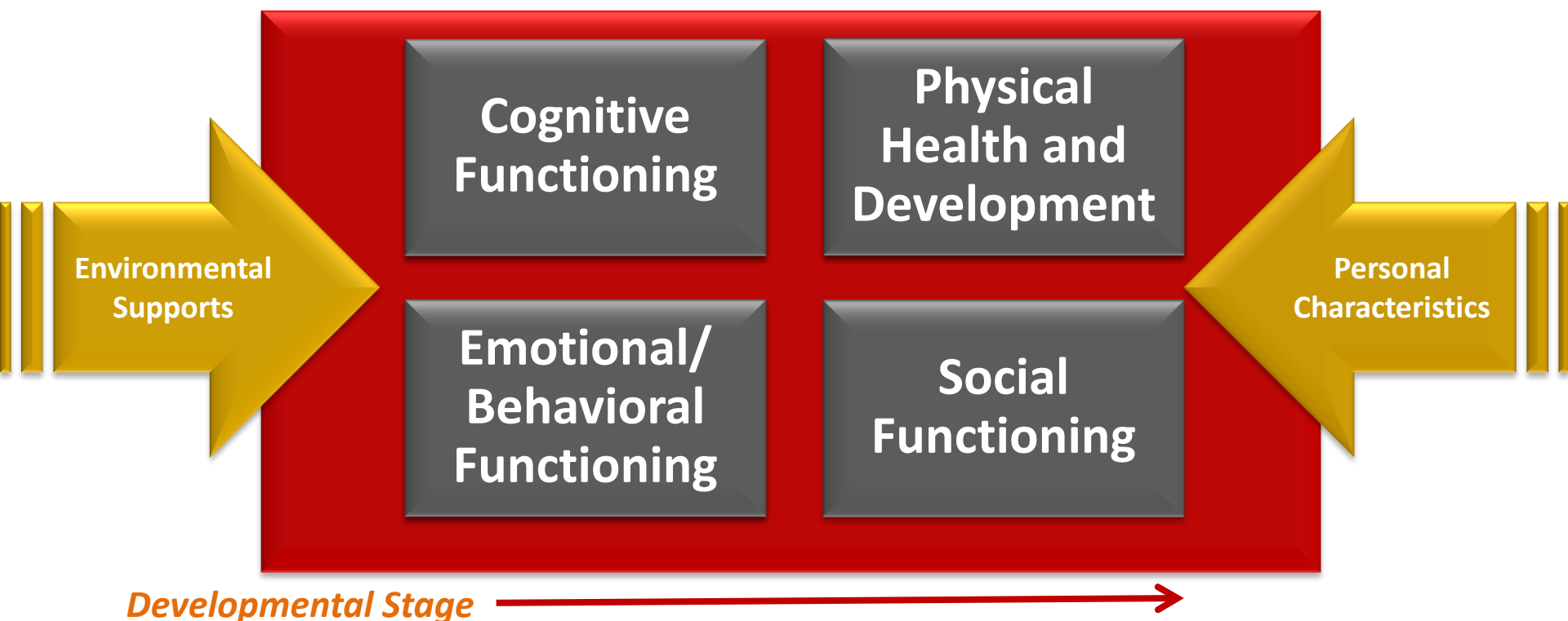
# **Primary Goal of System Reform: Integrating Safety, Permanency, Well-Being**

- **Knowledge building and developing practice**
  - Training staff, foster parents, and relative caregivers on impact of maltreatment/trauma
  - Providing supports to staff to address secondary trauma
- **Introduce validated screening & assessment**
  - Screening and continual functional assessment that gathers information from multiple sources
- **Redesign case planning and management**
  - Requiring sensitive and responsive relationship between child and social worker, birth parents, foster parents, etc.
- **Scale-up of effective interventions and practices**
  - Increasing availability of skilled mental health providers
  - Increasing capacity to deliver trauma-focused mental health treatment
- **Establish cross-system partnerships and system collaboration**
  - Working with Medicaid and mental health systems to respond to identified trauma needs

# Defining Well-being: Key Outcomes

## Domains for Children and Youth

The framework identifies four basic domains of well being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, the characteristics of **healthy functioning** related directly to how children and youth **navigate their daily lives**: how they **engage in relationships, cope with challenges, and handle responsibilities**.



# Screening, Functional Assessment, and Progress Monitoring

“Functional assessment—assessment of multiple aspects of a child’s social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being**.”

“Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children’s progress towards functional outcomes**.”

“Rather than using a “one size fits all” assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups.” (O’Brien, 2011)

**Valid and reliable** mental health, behavioral health, and developmental **screening and assessment tools** should be used to understand the impact of maltreatment on vulnerable children and youth.

## TRAUMA SCREENING

- Child and Adolescent Needs and Strengths (CANS) Trauma Version
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)

## FUNCTIONAL ASSESSMENT

- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)
- Emotional Quotient Inventory Youth Version (EQ-i:YV)

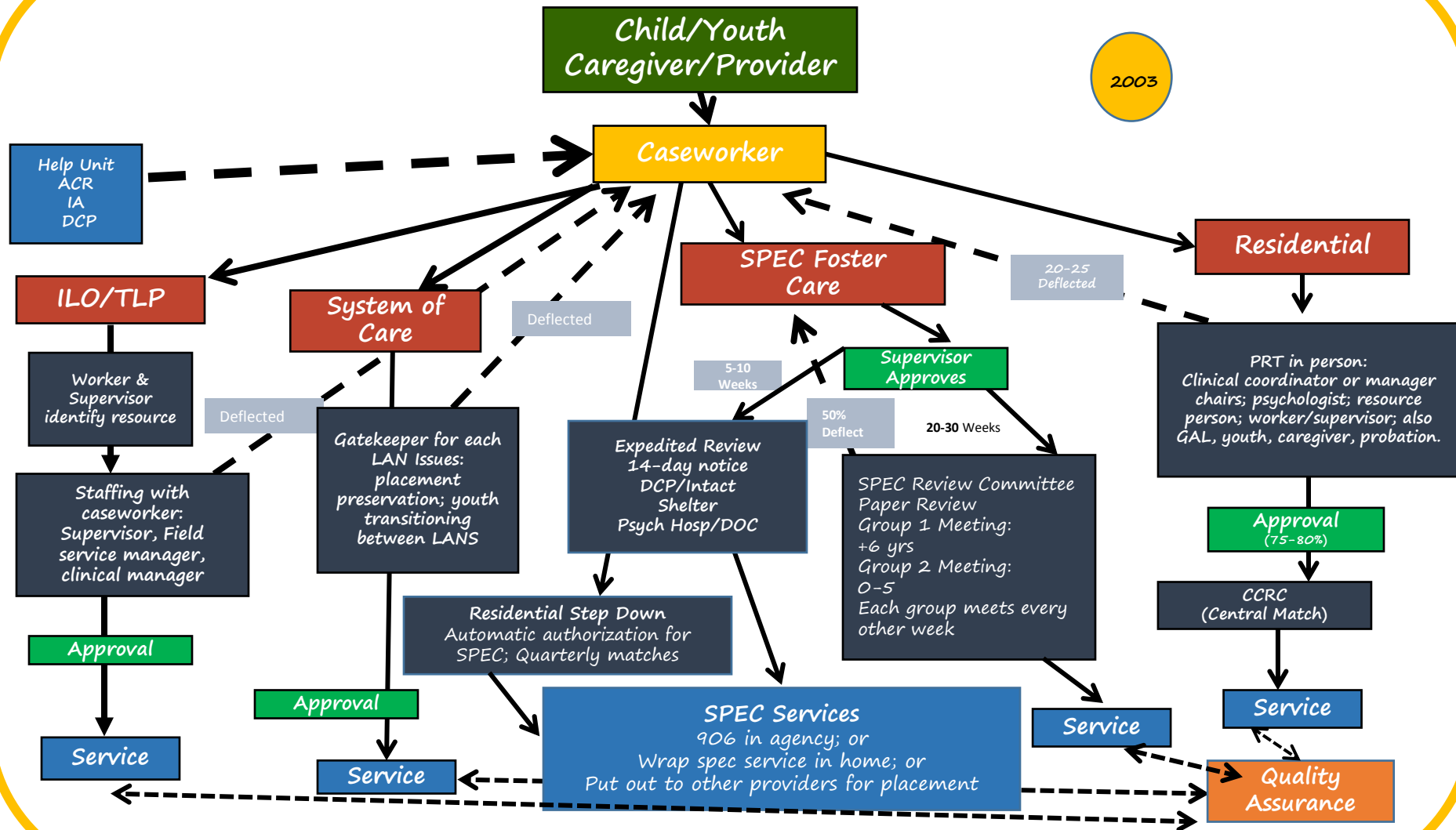
# Key Questions for Comprehensive Screening and Assessment Strategy

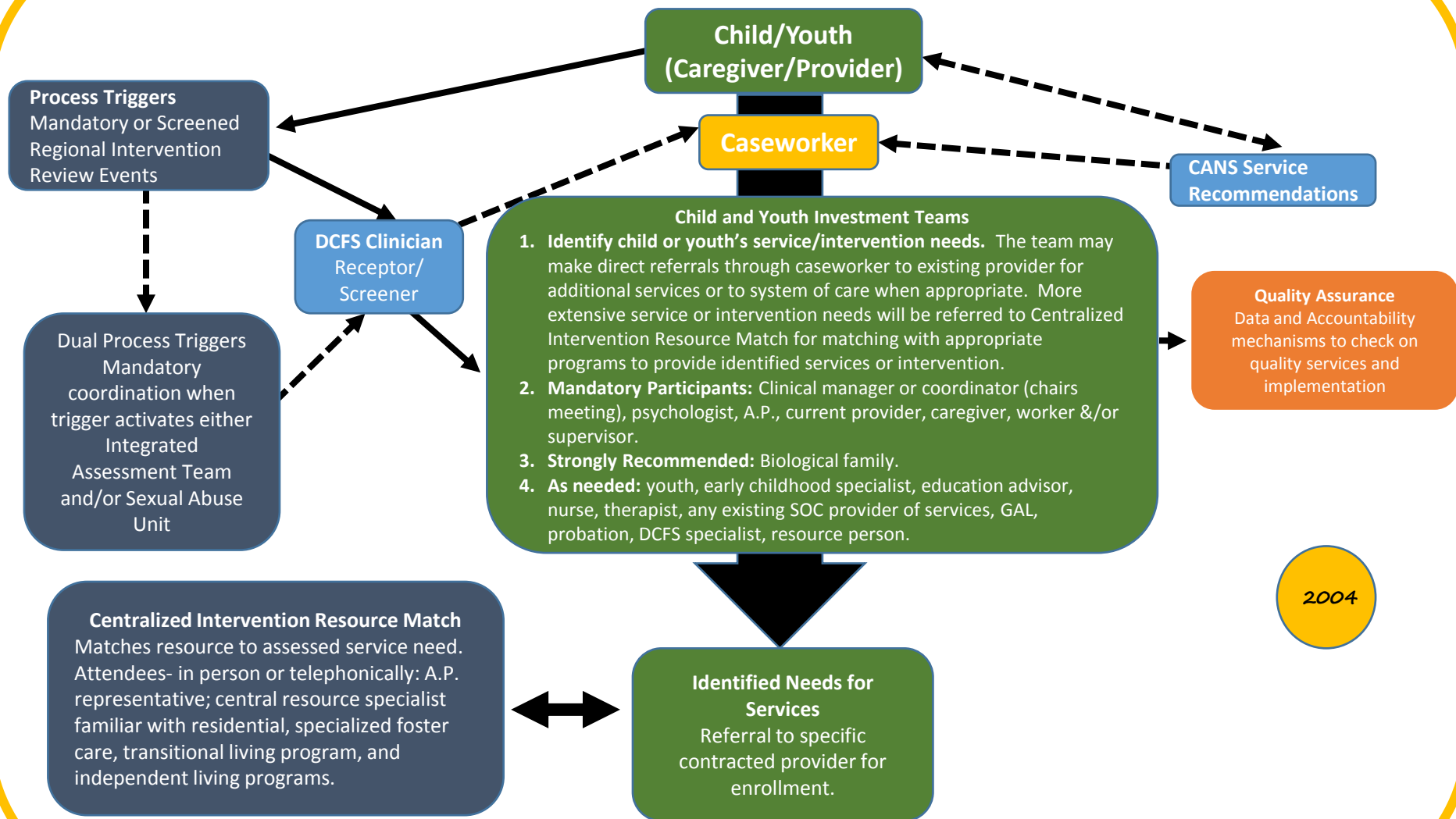
1. What is the purpose of the tool?
2. Is it being used to facilitate case decision-making or to inform clinical practice?
3. Does it have established reliability, validity, and norms?
4. How are data from the measure scored and stored?
5. Have you worked with information technology to create a system that stores the information gathered?
6. Are you able to provide feedback to the caseworker or clinician in an efficient and timely manner?
7. How is the information shared?
8. Are we able to share the information across the child welfare and mental health systems?
9. What staff do we have available to administer the tool?
10. How much extra time is involved in completing a screening and using the information for case and/or treatment planning purposes?
11. Does the tool track change over time and allow us to see if the child has improved?

# **Rethinking Common Practices and Routines**

- 1. Maltreatment investigations**
- 2. Removals from biological home**
- 3. Screening/assessment for physical and mental health concerns**
- 4. Case planning**
- 5. Caseworker visits to home where child is placed**
- 6. Monitoring foster parents/relatives and child**
- 7. Best interest recommendation & petition to termination of parental rights**
- 8. Sibling placement and connections**
- 9. Pre/post support for adoption and guardianship**
- 10. Pre/post support for reunification**
- 11. Case/transition planning for youth aging out of care**
- 12. Placement disruptions, dissolutions or (un)anticipated moves**







# Leveraging Opportunity & Making Change in Child Welfare Using Evidence

## Building the case for changing child welfare

- Understanding the current policy/practice context
- Demonstrating what could be achieved by change
- Developing an accurate estimate of the cost of implementing change
- Gaining buy-in and creating momentum

## Creating capacity and structures

- Attracting professionals with the right skills to move the agenda
- Fostering cooperation among those with shared interests
- Testing/piloting change and demonstrating outcomes
- Introducing change to larger systems

## Making change a part of everything

- Embedding change in measurement/accountability systems
- Ensuring continuous support and resources
- Anticipating problems
- Changing “down stream” business processes
- Documenting success

# Comprehensive Screening & Assessment Strategy

A comprehensive screening/assessment strategy is the ongoing practice that informs decision-making by identifying, considering, and weighing factors that impact children, youth, and families while they are involved with child welfare systems.

1. Screening/assessment occurs from the time children and families come to the attention of the child welfare system-or before-and continues to case closure.
2. Many factors, including the child's safety, the risk of future maltreatment, parental protective capacity, and child well-being must be accurately assessed on an ongoing basis.
3. Assessment provides the foundation for assisting children, youth, and families at a number of critical points, including:
  - When families are presented with new challenges
  - When there are safety concerns for the child or other family members
  - When decisions must be made about the need for services or the appropriate type and intensity of interventions or supports
  - When reviewing service effectiveness and case progress.

# Comprehensive Screening & Assessment Strategy

A comprehensive strategy enables child welfare agencies to:

1. Proactively identification of trauma and mental and behavioral health issues in children known to the child welfare system is critical.
2. Effectively identification through the use of standard, valid, and reliable screening tools paired with case planning efforts can help child welfare caseworkers organize effective early intervention that includes referring children for mental health assessment and treatment.
3. Support other case management efforts to build a child's resilience and relational capacity and support the child's well-being.
4. Use Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) to cover cost of preventive and specialty health care services.